Attachment E

Subcontracting Plan Form

			PRIM	E CONTRA	ACTOR INFORMA	ATION:				
Company:					Solicitation Number:					
Street Address:					Contractor's Tax ID Number: Caption of Plan:					
City & Zip Code:										
Phone Number:		Fax:_								
Email Address:										
Project Name:					Duration of the Plan: From to					
Address:					Total Prime Contract Value: \$					
					Amount of Contract (excluding the cost of materials, goods, supplies and equipment) \$					
Project Descriptions:					Amount of all Subcontracts:\$equals% LSDBE Total:\$equals% Percentage Set Aside					
(List SUBCONTRACTOR II Name	NFORMA		se contin	uation she	be awarded a sub eet for additional of Work		Description			
Total Amount Set Aside:	5					Point of Contact:				
Percentage of Total Set A			Tier:::1 st , 2 ^r	aut -	Name (Prir Contact Telephone Number:					
LSDBE Certification Num	ber:			1", 2	", 3rd	Fax Number:				
Certification Status: (check all that apply)	n Status: SBE: LBE: DBE: DZE:				OB: LRB:	Email Address:	Email Address:			
for subcontracts; b. In all subcontracts that that the subcontractor of	offer further will adopt a rime contracting office cords the prances that	er subcontraction of the prime contraction to allow the prime contraction the prime contraction of the prime contraction	etor will make acting opporing plan simil perate in any le District to octor will main antractor will in	to ensure that tunities, assured to the subconstudies or sured termine the tain to demon make such received the tain to demonstrate LBEs, DB	urances that the prime contracting plan required veys that may be required extent of compliance	contractor will include a d by the contract; red by the contracting by the prime contracto ted to comply with the ew upon the District's r	a statement, app officer, and sub r with the subco requirements so equest; and	ntracting plan; et forth in the subcontracting		
	THE SU	IBCONTR	RACTING	L-714.						
PERSON PREPARING			RACTING	EAIT.						
PERSON PREPARING	(Pri	nt)			Signature:					
PERSON PREPARING Name:	(Pri	nt) 			Title:					
PERSON PREPARING Name: Telephone Number: (Fax Number: ()	(Pri	nt) 			Title:					
PERSON PREPARING Name: Telephone Number: (Fax Number: ()	(Pri	nt) 			Title:					
PERSON PREPARING Name: Telephone Number: (Fax Number: ()	(Pri	nt) 			Title:					
PERSON PREPARING Name: Telephone Number: ((Pri	nt) - - -	FO		Title:					
PERSON PREPARING Name: Telephone Number: (Fax Number: () Email Address:	(Prin	nt) - - -	FO		Title:	R USE ONLY				

(List each subcontractor that will be awarded a subcontract to meet your total set aside goal.)

SUBCONTRACTOR IN									otal set aside goal.)			
Name			phone No.		ype of Wor			GP Code(s)	Description of Work			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7,000							
Total Amount Set Aside: \$								Point of Contact:Name (Print)				
			-	200	1 st , 2 nd , 3rd		Cor	Contact Telephone Number:				
LSDBE Certification Numb				Fax	Fax Number:							
Certification Status: (check all that apply)	SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Em	Email Address:				
SUBCONTRACTOR IN	FORMA	ATION:				TE TI						
Name	Addre	ess & Tele	phone No.	T	ype of Wor	k	NIG	GP Code(s)	Description of Work			
Total Amount Set Aside: \$								Point of Contact:				
Percentage of Total Set As	side Amo	unt :	%	Tier: :_	all and a v		Cor	Name (Print) Contact Telephone Number:				
Percentage of Total Set Aside Amount :% Tier: :								Fax Number:				
Certification Status: (check all that apply)	tion Status: SBE: LBE: DBE: DZE: ROB: LRB: Email Address:											
SUBCONTRACTOR IN	FORMA	ATION:	n Mila	A.A.	15. III.							
Name	Addre	ess & Tele	phone No.	T	ype of Wor	k	NIC	GP Code(s)	Description of Work			
Total Amount Set Aside: \$							Poi	int of Contact				
								Name (Print)				
1 st , 2 nd , 3rd								Contact Telephone Number:				
LSDBE Certification Number:								Fax Number:				
Certification Status: (check all that apply)	Lillali Addiess.											
SUBCONTRACTOR IN												
Name	Addre	ess & Tele	phone No.	T	ype of Wor	k	NIC	GP Code(s)	Description of Work			
Total Amount Set Aside: \$								Point of Contact:				
Percentage of Total Set Aside Amount: % Tier:								Name (Print) Contact Telephone Number:				
LSDBE Certification Number:								Fax Number:				
Certification Status: (check all that apply)	SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Em	Email Address:				
SUBCONTRACTOR INFORMATION:												
Name			phone No.	Т	ype of Wor	'k	NIC	GP Code(s)	Description of Work			
Total Amount Set Aside: \$							Poi	int of Contact	:			
Percentage of Total Set Aside.								Point of Contact:Name (Print)				
				1101.	1 st , 2 nd , 3rd				one Number:			
ESDBE Certification Number.								Fax Number:				
Certification Status: (check all that apply)	SBE;	LBE:	DBE:	DZE:	ROB:	LRB:	Em	nail Address:				